

STATE OF MARYLAND 79-12182 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 2b HOUR (TYPE OR PRINT) a 1. RACE 3 SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAY YEAR DAYS White 6 1911 68 Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA Kentucky WIDOWED Cecil NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS w. willow Kui New Castle 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Charles Hess Sarah Greene 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Willow Run Dr. Wilm. 1646 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Bledsoe (Daughter) Donald APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) My overdeal urganition DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF ath underlying cause 50 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 any 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES 🗔 NO F gie! iol-transit 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) and Mentol Hy 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 0 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE marked WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from , that (I) (we) lost 19 79 sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED be detach e State De -Dames R. Mearwithm ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 22d. PHYSICIAN'S NAME ITYPE OR PRINT 22e ADDRESS ld b MPORT Nework Del. 1971) James R. Dearwor T. MM 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 5/9/79 Burial Hartwol Cemetery War West 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATU 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) 2700 Washington St. Wilm.

impletely filled in by the funeral direction on 2 should be filed within 72 hours

within 24 hours ofter

MPORTANT: If Item 21 is marked or Item 18 shaws ony injury, or other troumotic event, the medical examiner must be notified at once.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coil should be detached for use as the burial-transit permit. Then please remove carban-papers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The low

etoined by the hospital or attending physician.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9-12183

250. DATERECYO. BY REGISTRAR 256. REGISTRAR'S BIGNATURE

								REG, NO.				
		CEASED NAME FIRST		MIDDLE		LAST		20 DATE OF DEATH MC	NTH OA	AY YEAR	2b. HOU	R
			Genevie	ve J. C	amer	on	200	May 25.	1979)	11.00	м
	3 SEX	X	4 RACE			OF BIRTH		AGE (IN YEARS LAST BIRTHD	_	F UNGER 1 YEAR	IF UNGER	
		emale	White		Sep.	t. 29, 192		49	YRS.	ONTHS OAYS	HOURS	MIN
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED		BALTIMORE CITY OR	COUNTY	OF DEATH		
1		Del.	USA		WIDOW	ED DIVORCED		Cecil			THE	MD.
0		rth East		HOSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INSTITUTION		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Housewife	ORKING LIFE	126. KIND C INDUSTRY Home		SS OR
	USU	AL RESIDENCE (IF NURSING HOM										
18		Md. Ce	cil	North E		YES NO NO		R.D. 2	9735			
	14 FA	THER'S NAME				15 MOTHER'S MAIDER	NAM	E	THE			
%		Clarenc		LAST	14.6		eve	Chudvik	V	ŁAS	iT	
1		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES!	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS				
		No				Ira B. C.	ame:	ron Nor	th E	East,	Md.	
	NOI	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION							retur TON GIVE	N IN PART 1	01	
2	CERTIFICATION	19a DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIC	N WAS PERFORMED				WERE FINDING CAUSES		H?
9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OC	CCURRE	D (ENTER NATURE OF INJURY IN	ITEM 18, PAR	(T 1 OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET		CITY OR TOWN		COUNTY	ST	TATE
		220.1 certify that (1) (the his sow the deceased alive above. (1) (we) (did) (did) (22b. SIGN ATAR)	on5 -	24- 197	9.0	nd that in (my) (pus) opi		enth occurred on the date MEDICAL STAFF DIRECTOR PHYSICIA	and hour			
		22d. PHYSICIAN'S NAME (TY	OF CO. PORTINI			PHYSICIA 22e ADDRESS	AN LA	DIRECTOR PHYSICIA		10-	~0	1/
1		Luis M.					Cec	il Ave.	Nort	th Eas	st,	Md.
	23a. B	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATO	ORY	23d. LOCATION				
	(4	Burial	5-29-	.79 No	rth	East Meth	nodi	st North		t Ce	cil	Md.

North East, Md.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DATE

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STATE	OF M	ARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			CERTIFI	CATE OF D	EATH		REG. NO.	19-	1 2	104
	PECEASED NAME FIRST	WIDOF	E	LA	ST	E767-19	20. DATE OF D	EATH MONTE	H DAY	YEAR	2b. HOUR
	Paul	W.		COC	KUS	Sr.	May	15	197	9	11:20 1
3. SE	Male	4 RACE White	5	MONTH AUO	DAY	9 37	6. AGE (IN YEAR	1. 1	MONTH	DER I YEAR	HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHA	4	MARRIED	NEVER M	AARRIED		CITY OR CO	UNTY OF I	DEATH	M
1	Perry Point, MD	11. NAME OF HOSE VETERAS					120 USUAL OC (TYPE OF TORK F	OR MOST OF WORK	ING LIFE) IN	NDUSTRS	elf Emp
	UAL RESIDENCE (IF NURSING HOMEO STATE 131 COU		CITY.OR TOWN		13d INSIDECT	NO [7	13e STREET	DRESSI /			
14. E.	FATHER'S NAME William	WIDDLE	Cookus			MAIDEN NAM	ΛE	WIGDIE		LAS	51
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI)		SOCIAL SECURIT		17 INFORMAN			ADDRESS	15.5		WE 5
7	yes 1958		235-56 29	919	V. A. M.	C. Rece	rds, P	erry Po	int,	Mary	land
	Conditions, if any, which	(
TION	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT Schizophreni	conditions control	undiff	• typ	o e						
TIFICATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS (c) CONDITIONS CONTE	RIBUTING TO DEA	• typ	o e		20a AUTOP	SY? 20b.	IF YES, WE	RE FINDI	
CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT Schizophreni	CONDITIONS CONTE	RIBUTING TO DEA	• tyr	D e I WAS PERFOR		200 AUTOP	SY? 20b.	IF YES, WE CERTIFYING YES [RE FINDIP	NGS USED OF DEATH?
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/	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT Schizophreni 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a.I certify that K (this hosp obove, (l) (we) (did) (did not contained)	DUE TO, OR AS (c) CONDITIONS CONTE 19b CONDITION 21b. TIME OF IN. HOUR A.M. P.M. 21e. PLACE OF IN. (AT HOME, STREET, F. ital) ottended the de- CONDITIONS 21b. TIME OF IN. HOUR A.M. P.M. 21e. PLACE OF IN. (AT HOME, STREET, F.	RIBUTING TO DEA UNDITED UNDER MONTH DAY NJURY ACTORY, OFFICE, FARA COOSED from A XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	YEAR 19 M. ETC.)	211. LOCATION STREET 3 4 that in (my) (EGREE APP 22e. ADDRESS	RMED JURY OCCURR ON , 1979 (our) opinion d TIENDING PHYSICIAN	Z08 AUTOP YES DED (ENTER NATU To MAY eoth occurred MEDICAL DIRECTOR	TO STAFF PHYSICIAN	IF YES, WE CERTIFY INC. YES M 18, PART 1 0	OUNTY 79 H from the	STATE SIGNED -16-79

BP

24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

Lee A. Patterson & Son, Perryville, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH YEAR 7h HOUR TYPE OR PRINT 79 12 noon Herbert B. Daniels 30 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR TH 95 DAYS HOURS White 19 83 Male TO BIRTHPLACE STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? COUNTRY) MARRIED NEVERMARRIED Md. U.S. Cecil WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR Farm Labor Union Hospital of Cecil Co. INDUSTRY Elkton Farming DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Brandywine Springs Nursing Hom 13d INSIDE CITY LIMITS? New Castle Wilmington Del. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE VanSant William B. Daniels Mary 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 218-07-0120 Mary Matthews, Warwick, Md. 21912 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and i-PART I. DEATH WAS CAUSED BY Respiratory Failure IMMEDIATE CAUSE (0 Bronchial exudate, severe. Conditions, if ony, which gove rise to immediate stoting couse ial, Metastases. Ca of Larynx underlying couse 5 ā PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 4-18-79 CONDITION FOR WHICH OPERATION WAS PERFORMED RUPTURE OF CECUM 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Closure of Cecum and Colostomy Hygier sho 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED ACCIDENT WAS UNDERLYING 80 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH rial-tr Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER PM 5 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 2-1 220.1 certify that (1) (this hospital) attended the deceased from 79 sow the deceased alive on and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should by 123 W. High St., Elkton, Md. Cristobal Vela. M.D. 0 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY BP Burial Johntown Cemetery Earleville. Cecil. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15(4)) Howard E. Fellows, Millington, Md. 21651

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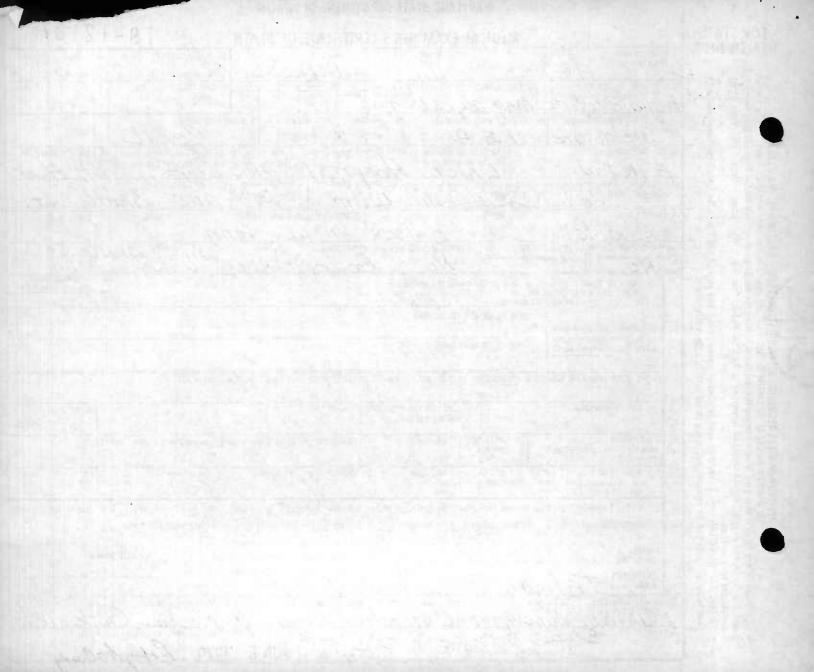
1	FOR		ATE OF MARYLAND HEALTH AND MENTAL HY	CIENE	
1	- STATE REGISTRAR		NER'S CERTIFICATE OF	DEATH	79-17186
	DECEASED NAME FIRST	MIDDLE	LAST	Za. DATE KNOWN I	MONTH DAY YEAR Zb. HOU
	TYPE OR PRINT)	ES 1)	KIRGU	OF ESTI-	5 21 1979
3. 5		S. DATE OF BIRTH AONTH DAY YEAR LAST BIRTH	EARS IF UNDER 1 YR. IF UNDER 2	4 HRS. 2c. DATE	MONTH DAY YEAR 24. HOU
L	Male White	March19, 1922 57	YRS. HOURS	DEAD	3 22 10 79 073
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7h. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE	9. BALTIMORE CITY	OR COUNTY OF DEATH
10	CITY OR TOWN OF DEATH	U.S. A. 11. NAME OF HOSPITAL, NURSING HOM	WIDOWED DIVORCE		M MAID OF BUSINESS
1	North East	(IF NOT IN SUCH FACILITY, GIVE STREET ADGRESS)		120. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	OR INDUSTRY
ÜS		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS		H. Equip. Upera	
130	Maryland 136. COUNT	cil Nort Cast	YES NO	13e. STREET ADDRESS Hammer	Drive
14.	FATHER'S NAME FORMER FORMER	AMBOLE Durgin	15. MOTHER'S MAIDEN	NAME	Pierce
160	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SECURI		ADDRES	
L	(YES, NO, OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	75 Maadah M.	Durgin, North	East, Maryland.
Г	18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	one couse per line for (a), (b), and (c).)	cium ix Tike 1	KART	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE	CAUSE (a) COUSES TO COL	cions of THE K	10121	TMMED.
1	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE	OF		
	gave rise to immediate couse (0) stating the under-	(b) DUE TO, OR AS A CONSEQUENCE	OF		
F	lying couse lost.	(c)	O!		
١,		ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART	1 (a).	
- 3	19g. DATE OF OPERATION	196. CONDITION FOR WHICH OPE	DATION WAS DEDS OBJECTO		
4 8	176. DATE OF OPERATION	176. CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20. AUTOPSY?
- 1	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18	YES NO PARLED NO PARLED NO PARLED OR PARLED OF PARLED NO
SOLTA DISTRIBUTION OF STREET	UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEA	" 2	12 6 AUG SHE	1 8202 pourag
0.00	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME.	21f. LOCATION		
1	WHILE NOT WHILE D	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	22a. I certify that I took charge	of the remains described above, hald on	Autopsy , Inspection	Inquiry 2 or	nd in my opinion
	death resulted from:		uicide Homicide	Undetermined monner .	is in my opinion
	150	11/1	TITLE (SPECIFY)		1=77-79
4	SIGNATURE 1		M.D	MEDICAL EXAMINER	SIGNED
2	EXAMINER'S NAME	RRY R SAMMART	ADDRESS_3/44	wow he,	VENTH EAT, LAS
230	BURIAL, CREMATION, REMOVAL 231 (SPECIFY)	b. DATE 23c. NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
	Burial	ay 24, 1979 Arlings	ton National em	Arlington Arl	inotor Versinia
24	FUNERAL DIRECTOR	ADDRESS	25a. DATE RE	C'D. BY REGISTRAR 256. REG	STREET, STREET, CONTINUE
L	ee A. Patterson	& Son. Pennille.	Januard.		

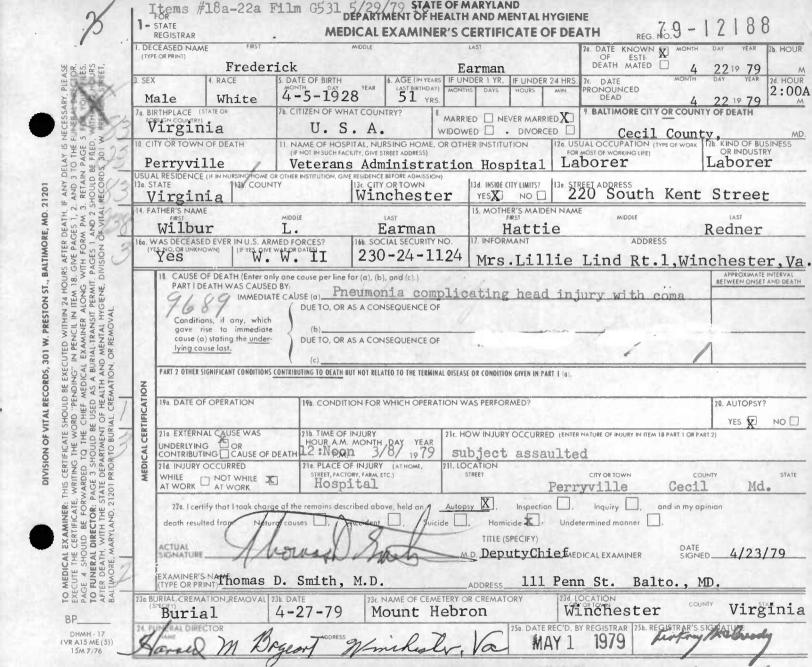
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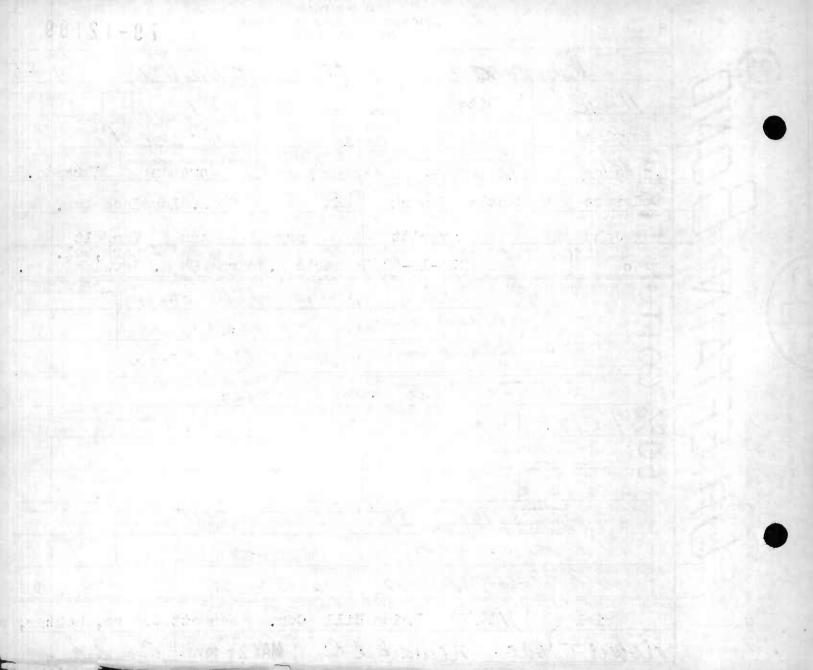
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		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 79-	12187
HEALTH DEPT.		Type of Print) HENCS M. JUROSS OF ESTI- DEATH MATED F S EX 4. RACE S. DATE OF BIRTH 6. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	26. HOU
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md.21201. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours director. Page 4 should be executed to the certificate, writing the ward "pending" in pencil in Item 18. Give function. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 1: 10R: Page 3 should be used as a burial-transit permit. File pages 1 and 2-with the State Department af Harrison, or remayal, and in any event within 72 hours after death.	10. (caur	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH ITTY) Deloware 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH III. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol during most of working life, eyen if retired.) 11b. NAME of Hospital or Institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13d. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13d. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13d. COUNTY 13d. INSIDE CITY (IMITS? 13e. STREET AND NUMBER 13d. COUNTY 13d. IN	Yeor 19 75 22? 12b. KIND OF BUSINESS OR NOUSTRY Home Lost
N STREET, BAI the should be ex the ward "pendi cal Examiner's O File pages 1 and r death.		WAS DECEASED EVER IN U.S. ARMED FORCES? (I) yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH (Enter only one couse per line far (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterias (Contic Heart Dissare)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, TO DEPUTY MEDICAL EXAMINER: This certificate should is necessary, please execute the certificate, writing the ward ward. Page 4 shauld be forwarded to the Chief Medical Examinator. Page 3 should be used as a burial-tronsit permit. File pages or remayal, and in any event within 72 hours after death.		Conditions, if ony, which gave rise to immediate couse (a). Stoting the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
TAL RECORDS DICAL EXAMI Se execute the tall to be forwarded the used as a but in any event we	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO [4]
DIVISION OF VITAL RECOR TO DEPUTY MEDICAL EXA is necessary, please execute th ctor. Page 4 shauld be forwar :: Page 3 should be used as a ;: or remayal, and in any even	DICAL	21c. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. 21d. INJURY OCCURRED 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, AT WORK AT	Caunty State
ath. If any de the funeral ned far your ERAL DIREC burial, crema	230	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER CASSISTANT MEDICAL	GNED 80-79 54,78
of Fernand August 1997	1	SEMOVAL (Specify) Sune 4 1979 CAthedrol Ce Usim. Sew Carrier of Charles of C	astle Del.





and severals. [. defined by max, working a second of the first of



obysician and completely filled in by the fu popers. Pages 1 and 2 should be filed with

injury, or other traumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 shaws ony

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burnol-transit permit. Then please remave carbon pape with the State Dept of Health and Mental Hygiene priar to burial, cremation, or remaval.

ATTENDING PHYSICIAN: The lo

etoined by the hosp.tol ar attending phy:

STATE OF MARYLAND

	1 - STATE REGISTRAR		DEPAKIN		ICATE OF DEATH	REG. N	29	7-12	119	0
	1. DECEASED NAME FIRST (TYPE OR PRINT) LEO	NARD	M.	FE]	AST L T	May 9, 1	MONTH	DAY	YEAR	26. HOUR 6:25pm
	3. SEX MALE	4. RACE WHIT	Έ	S. DATE C	. 5. 1927 YEAR	6. AGE (IN YEARS LAST BIRT	VDC	IF UNDER	DAYS	IF UNDER 24 HRS HOURS MIN.
1	To. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) MARYLAND	USA		WIDOWE	D DIVORCED	9. BALTIMORE CITY O				MD
5	Perry Point	VA Me	dical Cer	nter	DR OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O UPHOLS)	WORKING	LIFE) INDI	USTRY	TURE
1	USUAL RESIDENCE (IF NURSING HOME OF 130, STATE MARYLAND)		BALTIMO	V	YES XX NO	13e STREET ADDRESS 2 AMLEHT (ст.,	APT.	1C	#21215
/	ADOLPH	MIDDLE M.	FE.		JEANE	V.			VAN	GER
		RMED FORCES? VE WAR OR DATES) -NAVY	220-20-4		17 INFORMANT MR. 11302 MARBROC					21117
	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost	DUE TO, OI	AS A CONSEQUE	NCE OF clero	ry edema, bila		se			
	PART 2. OTHER SIGNIFICANT		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN P	ART Ito	1
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERT	ES, WERE IFYING C (ES []		GS USED OF DEATH? NO
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	P./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18.	, PART 1 OR P	'ART 2)	
	AT WORK		EET, FACTORY, OFFICE, FA		21f. LOCATION STREET	CITY OR TOW	'N	COUN	NTY	STATE
	22a. I certify that M (this has same the decreased this accordance of the composition of				nd that in (my) (our) opinion o	death occurred on the de	ite and ha	ur ond fro	om the c	nat (1) (we) last couses stoted
	22b. SIGNATURE		. 2		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC			5-10	
	22d. PHÝSICIAN'S NÂME (TYPE A. L. MOONE				VA Medical	Center, Pe	rry E	Point	., Mo	1.

BP

DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECIFY BURIAL

MAY 11, 1979

23c NAME OF CEMETERY OR CREMATORY AGUDAS ACHIM ANSHE

23d LOCATION CITY OR TOWN SFARD

ROSEDALE

STATE

74 FUNERAL DIRECTOR 6010 REISTERSTOWN RD.
Levinson Brothers Funeral Home, Baltimore, Md.

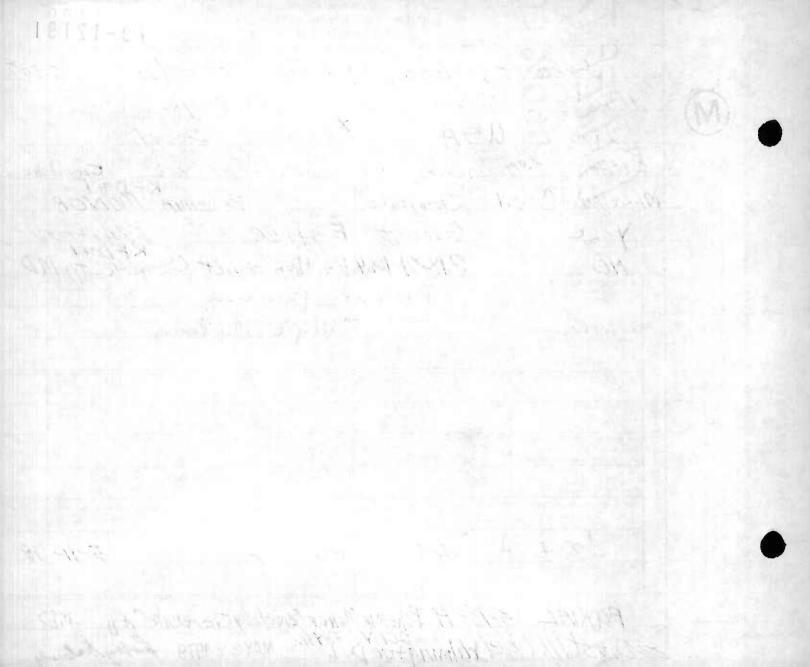
23b. DATE

1979

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STATE OF MARYLAND



STATE OF MARYLAND

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINT 6:30a Emilv Hoffman K 4 RACE 5. DATE OF BIRTH 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) 96 female white To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY PA Ceci 1 WIDOWEDK DIVORCED T IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Elkton Union Hospital of Cecil Co BALTIMORE, MARYLAND 21201 Secretary JSUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1136 COUNTY 13e STREET ADDRESS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 1 Box 305 MD Cecil E1kton YES [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Emily. Robert Hoffman Clement ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 163-05-6224 Mr. Andrew Frech, Elkton, Md. 21921 No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., Ca of the Bres DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. CERTIFICATION Brain metastases 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NON YES NO [shov 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK New 220.1 certify that (1) (this believed) attended the deceased fram. sow the deceosed olive on May 79
obove. (I) (A) (did) (4) view the body ofter death _ and that in (my) (are apinian death accurred on the date and haur and from the causes stated 22b. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING . MEDICAL STAFF May m PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 22e. ADDRESS 22d PHYSICIAN'S NAME (TYPE OR PRINT) hould b Cecilton, MD Dr. Wallace Obenshain 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE CITY OR TOWN COUNTY BP. Northwood Cemetery Philadelphia, Penna. Burial 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 14. FUNERAL DIRECT DHMH - 16 60M 1/75 ADDRESS trai Me Cready (VR A 15 (4)) for ELKTON. MD

Justin althor

details in the contract of the All the late the contract of the late of t

PHYSICIAN: The physicion

TENDING

by the hospitol

	1.	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE Reg. No		-12	194
		OR PRINT) BU	RTON) ^	MIDDLE	1	lo (mes	2a. DATE OF DEATH	5 / 25	-/79	26. HOUR
	3. SE	x Male	4 F	White		5. DATE (6. AGE (IN YEARS LAST BIRT		UNDER LYEAR	IF UNDER 24 H HOURS MI
35	C	RTHPLACE (STATE OR FO DUNTRY) Maryland	DREIGN 7b.	CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOW!	D NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH Cecil			
0/	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY				DDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		INDUSTRY	F BUSINESS	
and	13a. S	al residence (# nurs STATE ary land	ING HOME OR OTH 13b COUNTY Cec		GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Chesapea	١ '		13. STREET ADDRESS 422 West	Cecil S	Street	7.57
2	14. FA	ATHER'S NAME FIRST Grayson	MIDO	DLE	Holmes		15. MOTHER'S MAIDEN NAME FIRST Carrie	AE MIDDLE	F	Rothwe	
medicol		VAS DECEASED EVER res, no or unknown) NO	IN U.S. ARMEI (IF YES, GIVE WA		212-01-5		Mrs. Ruth W.	Holmes, Ch			
y, or other froumblic event, fr		Conditions, if ony, gave rise to imm couse (01), statin underlying cause	which nediate g the lost	DUE TO, OF	RAS A CONSEQUE	NCE OF	(mon drey) I CRETIC h		Cas C.	15/0	MATE INTERVAL ONSET AND DEA
m is snows ony injury	AL CERTIFICATION	19a DATE OF OPERAT 5/24 21a, ACCIDENT WAS UND OR CONTRIBUTING CIFETIMER, NOTIFY MEDICAL	ION 179 ERLYING CAUSE OF DEATH	196 CONDI	TION FOR WHICH IS TO STATE THE STATE OF THE	STORES YES NO NO YES				WERE FINDING CAUSES	

STATE

that (I) (out) lost

STATE

27L DATE SIGNED

MEDIC should be detached for use as the bu with the State Dept of Health and Mo morkedor 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY NOT WHILE AT WORK 22s I certify that (I) (this hospital) attended the deceased from TO FUNERAL DIRECTOR sow the deceased alive on 5 2 5 7 9 obove, (1) (we) (did) (did serview the body offer death. and that in (my) Jamopinian death occurred an the date and haur and from the causes stated MPORTANT: If hem 21 DEGREE TITE SECTIONALLIRE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN NAME (TYPE OR PRINT) 22e ADDRESS Fischer.

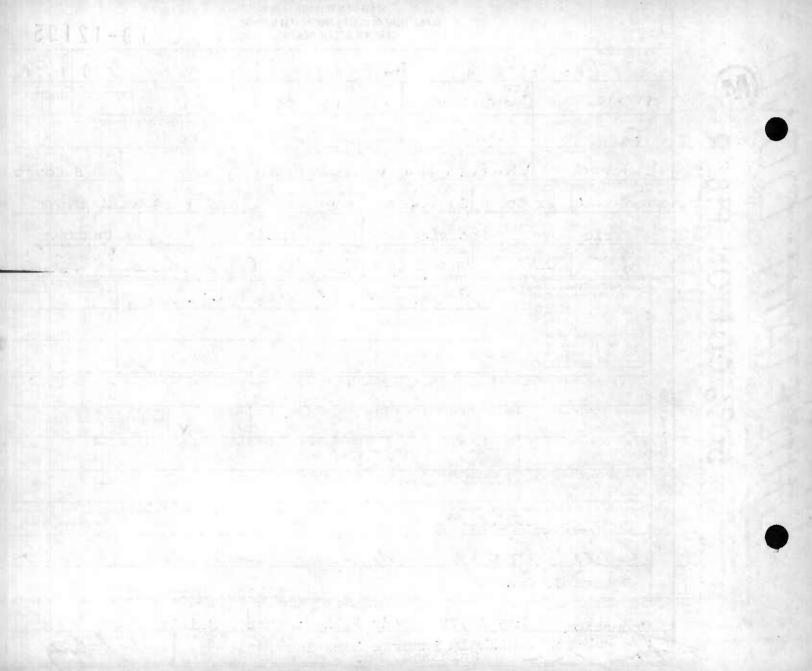
DHMH-16 20M (VRA 15, 4) 7/7B 23a. BURIAL, CREMATION, REMOVAL

23d LOCATION CITY OF TOWN BP. 5/29/ Elkton Cemetery Elkton 74 FUNERAL DIRECTOR 250. DATERECO, BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS

23c NAME OF CEMETERY OR CREMATORY

23b DATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE LAST 2g. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) harles TOO 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE IN YEARS LAST BIRTHDAY UNDER I YEAR IF UNDER 24 HRS male MONTH Paurasion DAYS HOURS 89 70. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED eci WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY U S Gov't Nursing och MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
134. COUNTY
136. COUNTY
137. CITY OR TOWN Suithan a 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Pr Geo 905 rkland Maryland NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Unknown Hoofring Eric Annie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? BALTIMORE, 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ages (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 20-32-6846 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)
PART I. DEATH WAS CAUSED BY: PRESTON ST., IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 50 ple PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) DIVISION OF VITAL RECORDS, NO CERTIFICAT 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 50 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (I) (this hamman attended the eleceased from DIRECTOR: sow the deceased alive on 2277 gbove, (Viscon and december of the body after death and that in (my) compopinion death accurred on the date and hour and from the causes stated Dept. 126 SIGNATUR DEGREE 221. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS the t IMPORT Robert J. Gray Elkton, Maryland 236. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE BP. May 26,79 Cedar Hill Cemetery Suitland Cremation Md Robert 250. DATE/REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/73 E. Wilhelm Funeral Home InchAl (VRA 15 (4)) Suitland, Md.



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executed within 24 hours after

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	REGISTRAR					ICATE OF		REG.	NO		
		EASED NAME	FIRST		MIDDLE	L	LAST		20. DATE OF DEATH	нтиом	DAY YEAR	2b. HOL
	,	on ranst)	CLARI	ENCE	W.	HU	RST	JR.	May 29,	1979		4:1
	3. SEX			4. RACE		5 DATE C		YEAR	6. AGE (IN YEARS LAST	SIRTHOAY)	MONTHS DAY	
		MALE		WHIT		DEC.	_	1924	54 YEARS	YRS		
25		THPLACE (STATE OR UNTRY)	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVE	R MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
0		MARYLAND	100	U.S.		WIDOWE		DIVORCEDXX	CECIL CO			
3	Pe	erry Point	- /	VA Me	HOSPITAL, NURSIN CHEACILITY, GIVE STREET dical Cen	address)	OR OTHER IN	NSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOS UPHOLSTER	TOF WORKING	LIFE) INDUSTR	OF BUSINE Y EMPL
7	USUA 13a. S	L RESIDENCE (IF NUI	13h COUN	OTHER INSTITUTION	13c. CITY OR TOW	E ADMISSION)	113d INSIDE	CITY LIMITS?	13e STREET ADDRES	S		
2		MD.	BALT	IMORE	ST. DENI	S	YES	NO XX	1723 SUTT		ENUE 2	1227
2	14. FA	THER'S NAME		NDDLE	LAST		15. MOTHE	R'S MAIDEN NA	ME			LAST
16		CLARENC		W.	HURST.	SR		ANNA	M.			RHART
1		'AS DECEASED EVE	R IN U.S. ARA	AED FORCES?	16b SOCIAL SECU		17 INFORM			RESS	12,1,1	MAINT
2	(Y	YES	(IF YES, GIVE	WAR OR DATES)	218 14 1	.462	MRS	ΔΝΝΔ Μ	MANKE, 172	3 5117	TON AVE	212
1					1 6 171	A	PHYD .	ANNA H.	PHONE, 172	.5 501		OXIMATE INTER
	10	PART I. DE ATH	WAS CAUSED	y one couse per BY.	line for (a), (b), and	rarci	nome o	of lung			3-	
		Conditions, if any gave rise to in cause (a), statunderlying caus	nmediate ing the e last	(b) DUE TO, O	R AS A CONSEQUE	ENCE OF						
	TION	gave rise to imcause (a), statunderlying cause	mediate ing the e last NIFICANT C	DUE TO, O (c) ONDITIONS C	IR AS A CONSEQUE	ENCE OF	. 77.13	1200	AINAL DISEASE OR CO	III e	-96.0	
2	RTIFICATION	gave rise to imcause (a), state underlying cous PART 2. OTHER SIG	mediate ing the e last INIFICANT CO	DUE TO, O (c) ONDITIONS CI	ONTRIBUTING TO C	ENCE OF	N WAS PERI	FORMED	200 AUTOPSY? YES □ NO ■	20b. IF Y	ES, WERE FINE FIFYING CAUS YES []	OINGS USEC ES OF DEAT NO
2	CAL CERTIFICATION	gave rise to imcause (a), statunderlying cause	mediate ing the e last NIFICANT CO ATION DERLYING CAUSE OF DEAT	DUE TO, O (c) ONDITIONS CO 196 COND 216 TIME C HOUR A	ONTRIBUTING TO D	ENCE OF	N WAS PERI	FORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FINE FIFYING CAUS YES []	OINGS USEC ES OF DEAT NO
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7	MEDICAL	gave rise to in cause (a), state underlying cause PART 2. OTHER SIGNATE OF OPER. 21a. ACCIDENT WAS UPOR CONTRIBUTING (IF EITHER, NOTIFY MED) 21d. IN JURY OCCUITAT WARK 22a.1 certify that	INTERCENT CO	DUE TO, O (c) ONDITIONS CO 196 COND 196 COND A P 216 PLACE (AT HOME, ST	ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19 AARM, ETC.)	211 LOCA STREE	FORMED INJURY OCCUR TION ET ., 19	200. AUTOPSY? YES NO RED (ENTER NATURE OF IN	20b. IF Y IN CERT	TES, WERE FINITIFYING CAUS YES , PART 1 OR PART 2 COUNTY	DINGS USE ES OF DEAT NO
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4107 WILKENS AVE

HUBBARD FUNERAL HOME, INC.

TO HOSPITAL BP. DHMH - 16 50M 7/77 (VR A 15 (4))

ATTENDING PHYSICIAN: The la

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH I. DECEASED NAME (TYPE OR PRINT) Gertrude B. **Iacobs** May 3rs. 1979 11:05px S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 4. RACE IF UNDER 1 YEAR 3 SEX 12-25-1886 YEAR MONTHS DAYS Female Cauc. BALTIMORE CITY OR COUNTY OF DEATH 7n. BIRTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Pennsylvania Cecil County WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Calvert Housewife Calvert Manor Nursing Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13e STREET ADDRESS 130 West Park Place Delaware New Castle Newark IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Roberta Baylis Harrar ono Edgar lames ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) HEYES GIVE WAR OR DATEST 212-32-8565 Francis E. Tweed, St Charles, I11. No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). 162 Conditions, if onv. which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF 3 underlying couse lost. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION Arthritis Both Knees 190. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [YES [ntol Hygie 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 **certify** that (I) (this hospital) attended the deceased from sow the deceased alive on May 3rd. 19 DIRECTOR sow the deceased alive on____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22h SIGNATURE DEGREE 22c. DATE SIGNED be detock e Stote De ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN MEDICAL STAFF 5-4-79 22d PHYSICIAN'S NAME (TYPE OR PRINT) 72e ADDRESS id b ORT James R. Dearworth 167 West Main St. Newark, Delaware Shou 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE Burial 5-7-1979 Gracelawn Mem. Prk. Farnhurst. Dela 24. FUNERAL DIRECTOR DHMH-16 60M 1/73 Newark, Dela. (VR A 15 (4))

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATU

79-17198

250. DAN AGO D BY REPUBLINGE 256. REGISTRADE SIGNATURA

							V	40M HTA			
	CEASED NAME	FIRST	м	IDDLE		LAST	20. DATE OF DE	AIII MOI		AY YEAR	26 HOUR
() TPE	OKPRINI)	Micha	el D	. Kelly			May	12	2, 19	779	12:40
3 SEX		4 RACE		250	5. DATE C		6. AGE (IN YEARS)		n	IF UNDER I YEAR	
	Male	0	White		Bed	. 15, 1910 YEAR	69		YRS.	AONTHS DAYS	HOURS
7a. BI	RTHPLACE (STATE OR FORE		76 CITIZEN OF WHAT COUNTRY?		8.	M	9 BALTIMORE	CITY OR C		OF DEATH	
CC	Mass.	1	U.S.A.		WIDOWE	D NEVER MARRIED DIVORCED	Cecil				
10 CI	TY OR TOWN OF DEATH					OR OTHER INSTITUTION	12a. USUAL OCC				OF BUSINES
9	Perry oint		. M.	FACILITY, GIVE STREET	AUDRESS)		P Lumbe		JRKING LIFE	industry	
13a.S	AL RESIDENCE (IF NURSING	G HOME OR OTHER IN	TITUTION, O	GIVE RESIDENCE BEFOR		1 13d. INSIDE CITY LIMITS?					
Me	aryland	Baltimo	re	Baltimo		YES NO	13e. STREET APO	ydee	Ave.		
14 FA	THER'S NAME	MIDDLE	-	LAST		15 MOTHER'S MAIDEN NA		IDDLE	1072	an IA	61
1	Michael		Kell	4		Kather	ine			Noor	
	VAS DECEASED EVER IN	U.S. ARMED FO		166 SOCIAL SECT		17 INFORMANT	h	ADDRESS			
	(ESPOOR UNKNOWN)	WWII		578 01	0677	V. A. M. C. Rec	cords, er	ry l'o	int,	aryl	and.
	18 CAUSE OF DEATH	Enter anly one c	use per l	ine for (a), (b), ar	nd (c)				25	BETWEEN	ONSET AND DE
	PART I. DEATH WAS CAUSED BY:										
			E (a)	Hepati	tis B						
		AMEDIATE CAUS									
	0703"	AMEDIATE CAUS		Hepati AS A CONSEOU							
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DHMH - 16 50M 7/77 (VR A 15 (4))

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After this certificate has

ATTENDING PHYSICIAN: The

offending physicio

retained by the hospital or

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene

certificote

medical examiner must be natifi

njury, or other troumotic event, the

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If hem 21 is

IMPORTANT:

MEDICAL

WHILE

	FOR STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO. 7	9-121	99
	1. DECEASED NAME FIRST (TYPE OR PRINT) Henry	Otis		dall	20. DATE OF DEATH MONTH May 3 197	DAY YEAR	26 HOUR 3:15P M
	3 SEX MALE	4 RACE WHITE	OCT.	10° 1898	6. AGE (IN YEARS LAST BIRTHDAY) 80 YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
E	76. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY? USA	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY CECIL COUNTY	Y OF DEATH	MD.
3	Perry Point	11. NAME OF HOSPITAL, NURSIN			120 USUAL OCCUPATION PSYSTCAL THERAT		F BUSINESS OR
30	USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136 COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13(. CITY OR TOWN SEVERNA P.	N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 250 OAK COURT		
2	William Isiah	MIDDLE KENDALL		15. MOTHER'S MAIDEN NA/ FIRST Margaret	Susan BRUNNER	LAS	
2	160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV YES	E WAR OR DATES)		FLORENCE P. I	ADDRESS KENDALL 250 OAK	CT. SEVE	ERNA PK.
	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) Chronic C DUE TO, OR AS A CONSEQUE	ory fa	uctive lung di	sease (emphysem	a)	MATE INTERVAL INSET AND DEATH
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 16) 1

CERTIFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

210. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

BURTAL

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

7,1979

2)1 LOCATION

22e. ADDRESS

CITY OR TOWN May

COUNTY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

STATE

NO [

226 SIGNATURE DEGREE

May

21e PLACE OF INJURY

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

20a AUTOPSY?

2) (HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

NOF

YES X

22c. DATE SIGNED 5-4-79

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Center, Perry Point, Md. VA Medical

A. L. MOONEY, M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY

DRUID RIDGE CEM.

23d LOCATION CITY OR TOWN PIKESVILLE

BALTIMORE

BP. DHMH - 16 50M 7/77 (VR A) 5 (4))

24. FUNERAL DIRECTOR

22a.1 certify that (this hospital) attended the deceased fram

Mitchell-Wiedefeld Funeral Home, Baltimore, Md.

250. DATE RE

MD.

STATE

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3-1-79			dis suud s <u>v</u>			20 ()	

2 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	00
r death. uneral l and 2 rr death.	EASED-NAME First Middle Lost 2a. DATE OF DEATH De or print) Edith M. Little May Month 1970gy Year	2b. HOUR A 6:16 M
s of	Female White Jan. 8, 1902 last birthday) YRS. MONTHS OAYS	HOURS MIN
24 hour	RTHPLACE (Stote or foreign Penna. 7b. CHIZEN OF WHAT COUNTRY? VIDOWED DIVORCED 9. COUNTY OF DEATH VIDOWED DIVORCED CCIL	Md.
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and camplete remove carbinony event,	SUAL RESIDENCE (Where deceosed lived if institution: Residence before in the control of the cont	
be exendered and control of the cont	THER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Frank Hill Margaret Key	Last
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ot the death ce the ottending sit permit. Th motion, or rem	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Cardiorespiratory arrest	MATE INTERVAL INSET AND DEATH
v required by the sign of the burn to burn	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Multiple Sclerosis	
IAN: The law re al or attending ficote has been s for use os the Health prior to k	Pa. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CE CAUSES OF DEATH?	ERTIFYING
iDING PHYSICIAN: The bospital or at Affer this certificate his be defoched for use State Dept. of Health	1a. ACCIDENT WAS UNDERLYING ☐ CAUSE OF OEATH ☐ Feither, notify medical examiner) 21b. TIME OF INJURY ☐ 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) ☐ HOUR A.M. Month Day Year P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County	
JING PHYSIC by the hospin ffer this certii be detoched Stote Dept. of	While Not while at work	Stote
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use os the burial-traishould be filed with the State Dept. of Health prior to burial, cre	2a. I certify that (I) (this hospital) attended the deceased from 1-12 , 19 79 , ta 5-1 , 19 79 , that saw the deceased alive an 1+30 19 79 , and that in (my) (our) apinian death occurred an the date and haur causes stated above, (I) (we) (did) (did nat) view the body after death.	(I) (we) l ast and fram the
Page 4 may be refained FUNERAL DIRECTOR: director, page 3 should should be filed with the	2b. SIGNATURE Sans mp. degree Phys. Director Phys. 122e. ADDRESS 2d. PHYSICIAN'S 22e. ADDRESS	,
O HOSPITAL OR Page 4 may be ro o FUNERAL DIRE director, page 3 should be filed w	NAME(Type) Dr. Eddie Saw Elkton, Maryland	
TO HIP	URIAL (REMATION, 23b. DATE May 1, 1979 23c. NAME OF CEMETERY OR CREMATORY Newark, New Castle, ADDRESS A 25g. REC'D BY REGISTRAR 25b. REGISTRA	Del.
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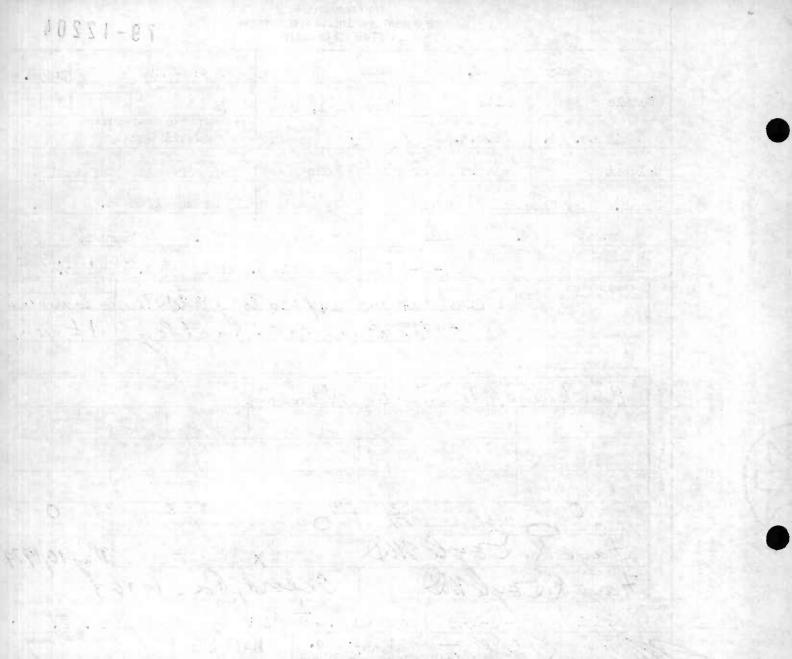
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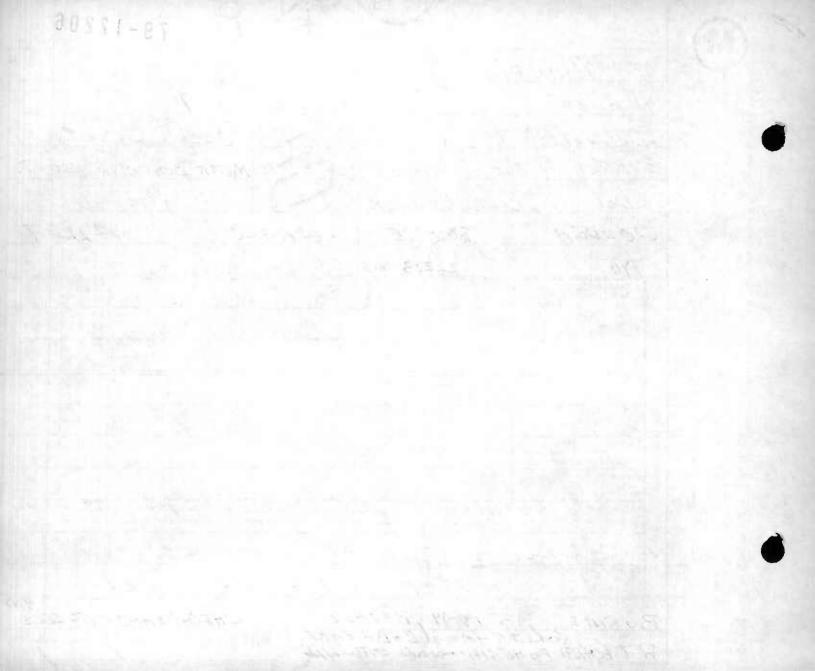
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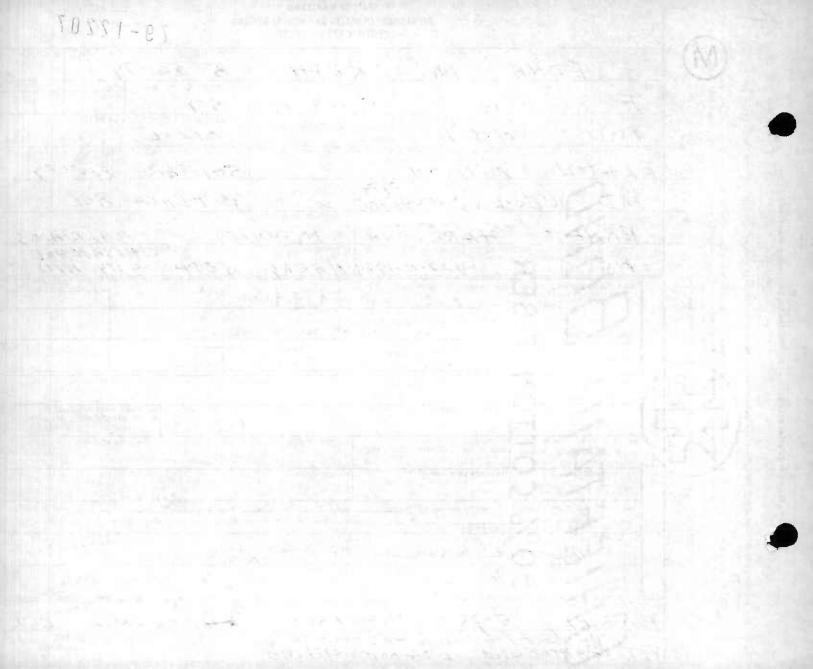
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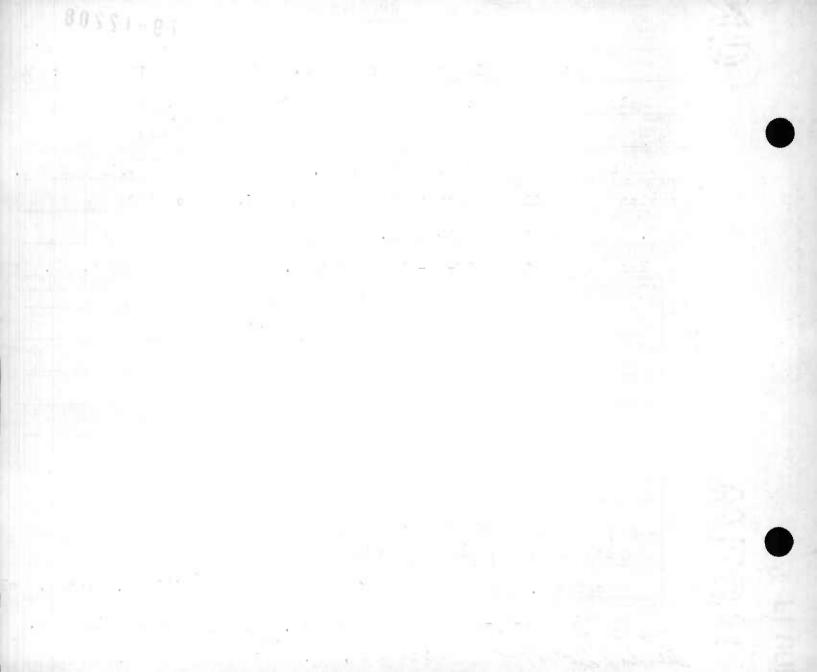
Item #1 Film G532 6/1/79 rc STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE KNOWN TX MONTH Birthe (TYPE OR PRINT) OF 19 79 POLLOCK DEATH MATED N. 12:30 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. YEAR IF UNDER 24 HRS 4. RACE DATE PRONOUNCED 19 79 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Cecil County DENMARK DIVORCED IB CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY HOMEMAKER Union Hospital Elkton 13d. INSIDE CITY LIMITS? 13b. COUNTY 14. FATHER'S NAME RADBALIA J. CHEJAPEART 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c). RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Hypertensive atherosclerotic cardiovascular IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which disease gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 301 W. lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 2 NO -BURIAL 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 21e PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK 220. I certify that I taak charge af the remains described above, held an Inspection and in my apinian Natural causes X Undetermined manner death resulted fram: TITLE (SPECIFY) ACTUAL 5/9/79 ssistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME TYPE OR PRINT Margarita A. Korell, 111 Penn Street PAGI BP. **DHMH - 17** (VR A15 ME (5)) 15M 7/76

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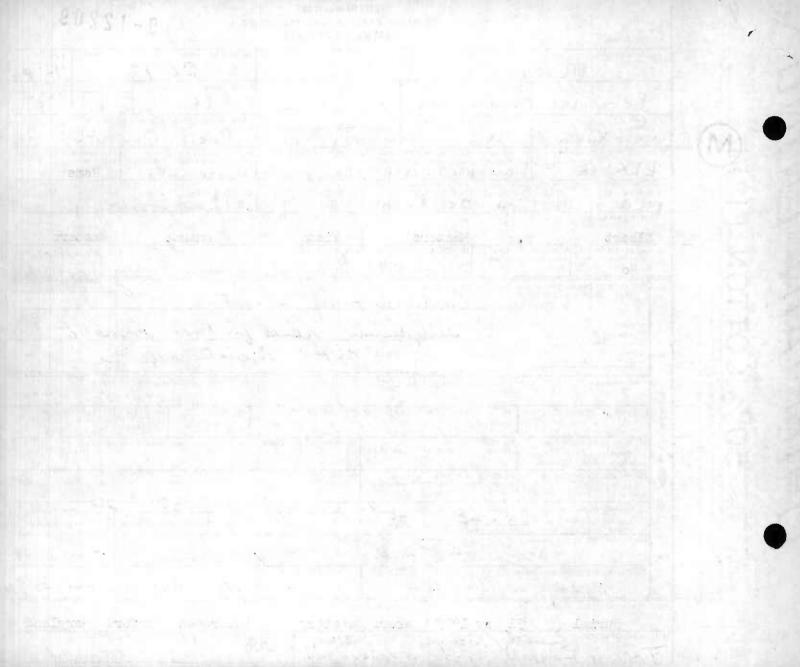




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ficote be executed within 24 he bhysicion and completely filled papers. Pages 1 and 2 should b navol.	USU. 130. S	AL RESIDENCE (IF NURSING HOME OR O'STATE 1930. COUNT 1930. COUNT 1940. COUNT 1	(IF NOT IN SUCH FACILITY, GIVE STREET THE INSTITUTION, GIVE RESIDENCE BEFI TY 13. CITY OR TO ADEL A INDUE LAST MASTERS MASTERS WAR OR DATES)	THE ADDRESS) THE ADDRESSION WN 134 INSIDE CITY LI YES NO 15. MOTHER'S MAI FIRST Vista	MITS? 130. STREET ADDRES 137 Jan MIDDLE MIDDLE AMAD	STOFWORKING LIFE) INDUSTR HO SS SS Street	me
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ficol phys pop novo ent,		18 CAUSE OF DEATH (Enter only	- 32 2	21.11 11.00	al. sumou	Tarmo sa	W LUT
res that the ned by the please ren outial, crem		gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQ	0073	HE TERMINAL DISEASE OR CO		1(a)
ow require been sign rmit. Then prior ta bu	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE	
ws per s	Ę				YES NO	IN CERTIFYING CAUSE	ES OF DEATH
ZYOTO	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY	OCCURRED (ENTER NATURE OF IN		
IYSICIAI ding ph is certifi burial-tr Mental or frem 1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
G PH offen ier th s the ond ked c	MEC	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	. FARM, ETC.) 21f. LOCATION STREET	CITY OR I	TOWN COUNTY	STAT
		220.1 certify that (1) (this haspita		9-) 19	38 , to 5 -	28 1929	., that (I) (we
		sow the deceased alive an_ abave, (1) (we) (did) (did nat)	5 - 2-8 19	2) and that in (my) (our)	apinian death accurred on the	date and hour and from th	ne causes state
8 4 8 9 p		22b. SIGNATURE	New the body after death.	DEGREE		22c. DAT	TE SIGNED
the Destace		16	2 -50	ATTEN PHYSI	DING MEDICAL ST	TAFF SICIANI	-28-
PITA by by Star Star Star Star Star Star Star Star	1	22d. PHYSICIAN'S NAME LTYPE OR P	PRINT)	22e ADDRESS	ICIAN DE DIRECTOR PHY	SICIAN []	
TO HOSPITAL Cretained by the TO FUNERAL D should be detain with the State D IMPORTANT: If		Hyung	W. 05 . m -	D 123	w. High	Elkton, 4	nd . 21
F = - 2 × ₹	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREM.	ATORY 23d. LOCATION	COUNTY	STATE
BP		Burial ,	31 May 1979 B	akers Cemetery	Aberdeer		lazvlan
DHMH - 16 60M 7/73	24. FU	INERAL DIRECTOR	eth B. Go angons,	, 2/00/	250. DATE RECED. BY REQUESTED	AR 256. RECHSTRAR SSIGNA	ATURE

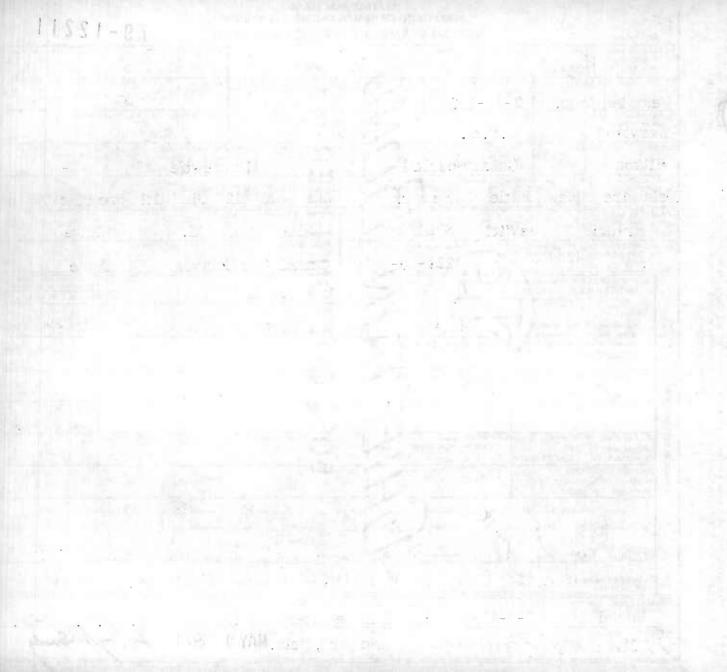


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2n DATE OF DEATH TYPE OR PRINTS 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Female White HOURS 12 66 70 BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Cecil Tenn. USA DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife Home Edikton Elkton, Hosp. Union DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n STATE Cecil North East. Route 7 13d INSIDE CITY LIMITS? Maryland IS MOTHER'S MAIDEN NAME A FATHERS NAME FIRST MIODLE Esabelle Murray Hohnson Lee 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-16-5786 North East, MD. Herman Ross APPROXIMATE INTERV. 18 CAUSE OF DEATH Enter only one couse per line of to , (b), and ic PART I. DEATH WAS CAUSED BY LESS 742N DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO T 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH iol-tr MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from DIRECTOR and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 27h SIGNATURE DEGREE be deta e State [PHYSICIAN TORECTOR T PHYSICIAN T 22d. PHYSICIAN'S NAME civil or mint. 22e ADDRESS old b Dr. Barry R. Barnhart Mauldin Ave. North East. MD. 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Secil 5-15-79 Union Cemetery BP ELLS ROR 256. R DHMH - 16 60M 1/75 North East, MD. (VR A 15 (4))

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH DECEASED NAME TYPE OR PRINT) 18 1979 8:00 P SHANLEY Thomas W May 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS HOURS White Male VOV. BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) naruland 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY L Administration Medical Perry Point, MD Boiler DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136. COUNTY Baltimore 13d INSIDE CITY LIMITS? 13e. SIREET ADDRESS Maryland Anne Arundes Hopkins St. Balto. Md. 21225 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE pup Shanley Touce Catherine IN U.S. ARMED FORCES? 17. INFORMAN' 60. WAS DECEASED EVER 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 219 01 6671 Mr. William E. Shanley. Same as above es APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only Die couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY:
Bronchial Pneumonia IMMEDIATE CAUSE (D). Cerebral Vascular disease with repeated strokes Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OF AS A CONSEQUENCE OF Cardio Vascular disease underlying couse 10 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 0 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED ď IN CERTIFYING CAUSES OF DEATH? NOV YES [NO I Mentol Hygi 216 TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 20 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY puo STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22s.1 certify that (1) (this hospital) attended the deceased from May DIRECTOR haspital Should be detached to with the State Dept. 22c DATE SIGNED 22b. SIGNATURE DEGREE + ATTENDING MEDICAL STAFF Joaquin Garcia May 18, 1979 DIRECTOR PHYSICIAN MPORTANT PHYSICIAN | 22e ADDRESS Perry Point, MD 21902 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY BP Duria 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) 23725. Patapsco Ave&3rd StMAY

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-1221

	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO	3		
		CEASED NAME FIRST OR PRINT) Tonya	Dau	UN	Shu	upe	20.	DATE OF DEATH M	ay 30	DAY YEAR), 1979	26. HOUR 5: 25A
	3. SE)	Female	4 RACE White		S. DATE C	OF BIRTH	6. A	GE LIN YEARS LAST BIRTH	DAY) YRS.	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
5	70. BIRTHPLACE ISTATE OR FOREIGN COMMTRY) IN ATTIVITY 110 CITY OR TOWN OF DEATH ELKTON USUAL RESIDENCE (IF NURSING HOME		16. CITIZEN OF W United S	tates	WIDOWE			ecil (ou	rty		MD.
0	EL	kton	222 hel	borne Bl	NDDRESS)	Student				E BUSINESS OR	
3	130.5	ryland (ec	NTY	CITY OR TOWN		136 INSIDE CITY LIMIT. YES NO 15. MOTHER'S MAIDEN		STREET ADDRESS PLOON	re Bl	lvd.	
7		Troy T.	WIDDLE	hupe, In		Beula		WIDDLE		Gilber	t
1	{Y	VAS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	166 SOCIAL SECUI	RITY NO.	Mr. & Mrs.	Troy	T. Shupe,	LARZ		e Blvd.
	CERTIFICATION	gave rise to immediate cause (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	(c) CONDITIONS <u>CO</u>		DEATH BUT	NOT RELATED TO THE		DISEASE OR COND	20b. IF YE	VEN IN PART 110	NGS USED
9		2) a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF OR (IF EITHER, NOTIFY MEDICAL EXAMINER	- A	MONTH DA		21c. HOW INJURY OC		ES NO (1)		PART 1 OR PART 2)	NO [
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C			211 LOCATION STREET		CITY OR TOWN	7	COUNTY	STATE
		270. I certify that (I) (this hosp sow the deceased olive or above, (I) (we) (did) (did no 27b. SIGNATURE JUNA 4 224. PHYSICIAN'S NAME (TYPE of 1875)	MAY 3. Tada Tada	0 19		nd that in (my) (our) opi DEGREE ATTENDIN PHYSICIA 122e ADDRESS	NG /M	to MAY n occurred on the dat EDICAL STAFF RECTOR PHYSICI			
1		Vilma F. Tadas	lan, M.D.			103 East 1		St., Elkto	on, l	aryland	!
	23a. B	Burial Burial	June 2	1000 /		Manon Mem	Pk.	Elkton	ecil	COUNTY	state
	21.11	Jee F	uneral H	Elkton,	259 (, indust	DATE REC	JN 4 197	Sb. REGIS	THAR'S SIGNAT	HE Credy

La ATTACE INC.					
			51		Femile
Jack Jones, Man					
Line of bounding in		-12-5		1384	any land
March Committee	24/42				e co
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

70-12215

	-	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO	. 19-	16	213
		CEASED NAME FIRST HOWAL	rd S. Wagoner	AST		28, 19°	79	6:30P
	3. SEX	MALE	A RACE WITTE S DATE OF MONTH		6. AGE (IN YEARS LAST BIRTH	YRS.	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
S		RTHPLACE (STATE OR FOREIGN) DUNTRY) W. VA	Th. CITIZEN OF WHAT COUNTRY? 8 MARRIES WIDOWE	D NEVER MARRIED D DIVORCED	9. BALTIMORE CITY OF	COUNTY OF	DEATH	MD.
3	Pe	rry Point	11. NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Veterans Administrati	Center	12a USUAL OCCUPATION		INDUSTRY	FBUSINESS OR
5	13a. S	MD. HAR		13d. INSIDE CITY LIMITS? YES 😭 NO 🗌	130 STREET ADDRESS	IOR CI	RCLE	
20		Howard J.	MAGONER	15. MOTHER'S MAIDEN NAME FIRST LOUIS A	MIDDLE	\$4	TTO	V
1		VAS DECEASED EVER IN U.S. ARA (IF YES, GIVE V F S	MAED FORCES? 166 SOCIAL SECURITY NO. 306 03 0750	VAMC Record	s, Perry Poi			MATE INTERVAL
		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF	neumonia	sease			
	Z		ONDITIONS CONTRIBUTING TO DEATH BUT				IN PART 110	j t
2	CERTIFICATION	Chronic organi	c brain syndrome due		200 AUTOPSY?	20b. IF YES, WIN CERTIFYING	G CAUSES	
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	r IN ITEM 18, PART 1	OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE OF NOT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW		COUNTY	STATE
		22a I certify that (I) (this hospital saw the deceased alive an above A) (we) (did)	ol) ottended the decased from 79 on view the body after death	nd that in (本) (our) opinion (-28- , 19_ ite and hour an		that20K(we) last causes stated
		226. SIGNATURES / HUE	Brus 1		MEDICAL STAF DIRECTOR PHYSIC		22c. DATE	SIGNED 8-79
		22d. PHYSICIAN'S NAME (TYPE OR K. H. HUEBNET		VA Medic	al Center, I	Perry P	oint,	Md.

BP.

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

etained by the hospital or

24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL

FOR

Madison Mitchell Funeral Home, Havre de Grace,

23b. DATE

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d. LOCATION
CITY OF TOWN
K- GRAFTON

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directly should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-12216

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	3 1 2 =			
1. DECEASED NAME	IRST MIDDLE		AST			AR 26. HOUR a		
	Marguerite		lham		5 5 79	2:25 "		
3. SEX	4 RACE	5. DATE OF BIRTH		& AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS		
female	white	Sept. 1,1891		35 8	7 YRS			
70 BIRTHPLACE (STATE OR FORE COUNTRY) MD	U.S.A	MARRIE WIDOW8	MARRIED NEVER MARRIED WIDOWED X DIVORCED		R COUNTY OF DEAT	TH ME		
10 CITY OR TOWN OF DEATH	Union Hos	oital of Cecil Co		120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPS WORK FOR A STEEL) INDUSTRY				
MD 130 STATE	HOME OR OTHER INSTITUTION, GIVE RESIDE COUNTY ELL	nce before admission) OR TOWN C CON	134 INSIDE CITY LIMITS?		th Bridge	St		
14 FATHER'S NAME FIRST John		sch	15 MOTHER'S MAIDEN NA FIRST Emily	WIDDIE	Steve	ens		
(YES, NO OR UNKNOWN)	THE CHE WAR OR DATES	32-5256	Virginia He	ersch, Rock		21661		
Conditions, if ony, w	DUE TO, OR AS A CO		monia Ly	trest	ibe			
PART 2. OTHER SIGNIF	lost	IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)						
190 DATE OF OPERATIO	N 19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE F IN CERTIFYING CA YES []	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO		
210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E 21d. INJURY OCCURRED	SE OF DEATH HOUR A.M. MON	HOUR A.M. MONTH DAY YEAR		RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PAI	RT 2)		
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME STREET FACTOR	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET			VN COUNT	Y STATE		
sow the deceased	is hospital) attended the decease olive an (did not) view the body after deat	h. 19.70, or	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c. [m the couses stoted DATE SIGNED		
22d PHYSICIAN'S NAM	f w. Oh. m.	>	PHYSICIAN 2 22e ADDRESS 123 W		Elkton.	md 219		
23a. BURIAL, CREMATION, RE	MOVAL 236. DATE 5-9-79		EMETERY OR CREMATORY Park (em.	Balto.	ity, COUNTY	Nd. STATE		
24 FUNERAL DIRECTOR NAME Hellenbein-H	ubbard Funeral	DRESS Home ()	rester Md.	44 GP. 4 1979 AR	256. RECEIPTERS SY	De Charly		

DHMH - 16 60M 1/75 (VR A 15 (4))

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75		STATE OF MARYLAND							
13	1	1 - FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR							
		REGISTRAR		CERTIFICATE OF DEATH	REG NO - 1 2 2 1 1				
		CEASED NAME FIRST	WIDDIE	LAST		DAY YEAR 2b. HOUR			
be oge 3		EVER	ETT GIBSON	WEST	MAY 14, 197	9 2:22 A M			
E 0 5	3 SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/	MALE	WHITE	DEC 7, 1909	69 YRS				
	/ C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH			
1912		ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DNORCED	CECIL	MD.			
	1	111-11	(IF NOT IN SUCH FACILITY, GIVE STREET	A	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY			
urs o	HISH	LKTOH	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		ELIZABETH SHO	PICLOTITING			
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours of ysicon and completely filled in by opers. Pages 1 and 2 should be fille vol. it, the medical example saust be 66.	130	STATE 136 COUN	ITY 130 CITY OR TOV	VN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	THE CENT COMME			
hin 2 shou		THER'S NAME	SSER Lighter	YES NO 15. MOTHER'S MAIDEN N	204 WEST EIGH	IH STREET			
Jary Jarth Jary Jary Jary Jary Jary Jary Jary Jary	10	FIRST	WIDDLE LAST	FIRST	WIGOTE	LAST			
RE, M. ecuted d comp es 1 or		VAS DECEASED EVER IN U.S. AR			ASTINGS WEST	14 W. 83 51.			
MORE e exect) (YES, NO OR UNKNOWN) (IF YES, GIVE	war or dates)			LANKEL DEL.			
ALTIN te be icion icion icion icion icion icion icion			ly one couse per line for (o), (b), or		KNISITISON MEZI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI. ING PHYSICIAN: The low requires that the death certificate rather this certificate has been signed by the attending physician of the burnot transit permit. Then please remove corban poper than and Mental Hygiene prior to burnal, cremation, or removal. orked or Item 18 shows any injury, or other traumatic event, the		PART I. DEATH WAS CAUSE	D BY: CEVER	- 10	CCIDENT	BETWEEN ONSET AND DEATH			
		1/2 1/ A	E CAUSE (d)						
		Conditions, if ony, which	DUE TO, OR AS A CONSEOU		GISVEL				
the of th		gove rise to immediate couse (a), stating the DUFTO OR AS A CONSEQUENCE OF							
that the day the ease ren		Underlying cause lost (C) COTIV. A VIGULOS C UG FOSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(G)							
S, 201 gned on plec buriol	-								
ORDS, require	É			12511/1					
Iow re ermit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? ZOB. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH?			
VITAL RE IN The In Mysicion. Icote has ransit per Hygiene Hygiene					YES NOV YE				
N OF VITA N OF VITA SICIAN: The graphsicion certificate and Irransit mental Hygue Item 18 sho	13	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, P	ART I OR PART 2)			
ON OF HYSICIA oding ph nis certifi burial-th Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19 211 LOCATION					
VISIOI 3 PHY intendi	WE	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE			
DIVISI DING PI or atter the os the ofth and morked		AT WORK	National the deserted from	5712 1075	1. 714	79			
		220. I certify that (1) (this hospital) attended the deceased from							
OR ATTEN OR DIRECTOR. DIRECTOR. Dept. of He		obove, (1) (we) (did) (did not view the body offer death 27b. SIGNATURE DEGREE 22c. DATE SIGNED							
		Lan	jein or os.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN				
HOSPITAL med by the FUNERAL UIGHE detector to the Store ORTANT:	7	22d PHYSICIAN'S NAME (TYPE OF		22e ADDRESS					
- o + o //		VED A.WI	7 TGUH	206 1	son ST EU	LAN MD			
5 5 5 4 × X	23a. i	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION				
BP	(BURIAL	MAY16,1979 01	DO FELLOUS CONETE	LAUREL SUSSE	X DIDLAMAGE			
DHMH - 16 60M 1/75		JNERAL DIRECTOR	ADDRESS	19973 250. DA	TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE			
(VR A 15 (4))	PA	UNDA M. WATS	IN SPAFORD D	PLAWARE M	AY 1 7 1979 tun	Fry McCrody			

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